

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049079

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3627

FILED JAN 10 1963

VS 300
Rev. 4/59

1 4000
2 4000
3 2
4 1
5 1
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7 0
8 2
9 162.1
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11
12 90-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MEHLVILLE</u>		c. CITY OR TOWN <u>MEHLVILLE</u>	
Length of stay in 1b <u>15 YRS</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6129 LEMAY FERRY RD</u>		d. STREET ADDRESS (If outside, give location) <u>6129 LEMAY FERRY RD</u>	
3. NAME OF DECEASED (Type or print) First <u>MARTHA</u> Middle <u>LENA</u> Last <u>NIEMEIER</u>		4. DATE OF DEATH <u>DEC-10-1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-21-1894</u>
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. NAME OF HUSBAND OR WIFE <u>WILLIAM NIEMEIER</u>	
13a. FATHER'S NAME <u>FRED KETTLER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH ALGIER</u>	
14. NAME OF HUSBAND OR WIFE <u>WILLIAM NIEMEIER</u>		Address <u>6129 Lemay Ferry St St Louis 69 Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT <u>WILLIAM NIEMEIER</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ischemic Cardiovascular</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>9/1/62</u> to <u>12/10/62</u> and last saw her alive on <u>12/10/62</u> Death occurred at <u>6:20</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles Burnside M.D.</u>		22b. ADDRESS <u>206 W. Argonne Walk</u>	22c. DATE SIGNED <u>12/13/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-14-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OLD St Johns Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>MEHLVILLE Mo</u>
24. FUNERAL DIRECTOR <u>Fey Funeral Home, MEHLVILLE Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-13-62</u>	26. REGISTRAR'S SIGNATURE <u>John Murphy M.D.</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gustav W. Jutele

Licensed Embalmer No.

4329

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.